

GALLATIN CITY-COUNTY HEALTH DEPARTMENT

GROWTH & DEVELOPMENT



3-4 Years

WHAT TO EXPECT	HOW YOU CAN HELP
MOTOR	MOTOR:
<ul style="list-style-type: none"> • Jumps over small obstacles and hops • Balances on one foot for 2 to 5 seconds • Builds tower of 8 cubes • Copies a circle & possibly a cross • May be able to draw a person with 3 parts (head, trunk, legs) • Likes to paint & color & paste 	<ul style="list-style-type: none"> • Encourage running, climbing, jumping & balancing. • Provide drawing, cutting, & pasting materials. • Provide objects to stack & manipulate (blocks, play dough). • Provide puzzles & building toys. • Play matching & sorting games with your child.
LANGUAGE & BEHAVIOR	LANGUAGE & BEHAVIOR
<ul style="list-style-type: none"> • Gives appropriate response when asked what child does when he is tired, cold, hungry • Knows 1-4 colors; counts 1 or 2 objects • Understands prepositions (on, under, behind) • Likes to tell stories & secrets • Friends are important; able to share • Fears are common • Knows full name • Accepts & likes more responsibility in grooming & chores • Prepares simple meal (pours cereal) • "I don't know" and "Why" are common expressions • Aware of being a boy or girl • Speech is understandable • Tests limits & rules; learning that there are consequences for behavior 	<ul style="list-style-type: none"> • Continue reading with your child. • Encourage your child to tell you stories & describe things he sees in more detail. • Ask him questions. • Soothe & calm your child by holding & talking to her when she is upset or afraid. • Give simple explanations to questions. • Help child learn to make decisions by offering choices whenever possible. • Encourage independence & self help. • Be consistent in setting limits. • Praise positive behavior such as trying new tasks, being cooperative and having good manners. • Time out works well at this age. See "Time Out" handout.
SLEEP	
<ul style="list-style-type: none"> • Typically sleeps about 11-12 hours in a 24 hour period • May or may not phase out nap by 4th year • May be afraid of the dark, monsters, etc. 	<ul style="list-style-type: none"> • Encourage nap if needed. • Encourage quiet activities to help child rest if no longer napping. • Comfort & reassure your child when he is afraid. Maintain usual bedtime routine.

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FEEDING

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| <ul style="list-style-type: none"> • Food preferences common (picky eaters) • Children have high energy needs & small stomachs • Growth rate & appetite vary • Let your child's appetite be the guide to how much is eaten. | <ul style="list-style-type: none"> • Serve nutritious meals & snacks at regular times. • Allow child to help with meal preparation, setting the table & serving. • Include child in mealtime conversation. • Make mealtime pleasant. • Visit dentist every year. • Children need help brushing & flossing teeth until age 7. |
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TOILET TEACHING

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| <ul style="list-style-type: none"> • Daytime control may be accomplished • May take responsibility for toileting if clothes are simple • May verbalize need to go • Nighttime control may not be accomplished; accidents may be common. | <ul style="list-style-type: none"> • Dress child in clothes that are easy for her to remove. • Praise success. • Never shame or scold for accidents. • May need reminding. |
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IMMUNIZATIONS

By the 3rd year your child should have received the following vaccines: 4 Diphtheria, Tetanus, Pertussis (DtaP), 3 Polio (IPV), 3 Hepatitis B (Hep B), 4 Haemophilus (Hib), 1 Measles, Mumps, Rubella (MMR) & 1 Varicella (if your child has not had chickenpox)

SAFETY

- Use a correctly installed car safety seat every time child rides in a car.
- Keep poisons, firearms & medications in locked, out of reach cupboard.
- Post poison control number by phone. Keep Syrup of Ipecac on hand, check expiration date regularly.
- Teach safety related to bikes, water, streets, sharp objects, matches, fire, sun and strangers.
- Protect your child from the sun by always applying a sun screen with at least SPF 15.
- Learn CPR.
- Choose consistent quality child care.

Date: _____

Next Visit: _____

Notes:

